

REC'D PCT/PTO 10 MAR 2005

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527524

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	/	/	/	/		
4	/	/	/	/		
5	/	/	/	/		
6	/	/	/	/		
7	/	/	/	/		
8	/	/	/	/		
9	/	/	/	/		
10	/	/	/	/		
11	/	/	/	/		
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17	/	/	/	/		
18	/	/	/	/		
19	/	/	/	/		
20	/	/	/	/		
21	(1)	/	/	/		
22	(1)	/	/	/		
23	(1)	/	/	/		
24	/	/	/	/		
25	/	/	/	/		
26	/	/	/	/		
27	/	/	/	/		
28	/	/	/	/		
29	/	(1)	/	/		
30	/	/	/	/		
31	/	/	/	/		
32	/	/	/	/		
33	/	/	/	/		
34	/	/	/	/		
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	43	←	31	←		←
TOTAL CLAIMS	46		34			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						